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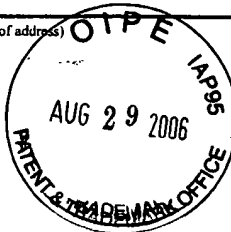
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23377 7590 06/01/2006

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Certificate of Mailing or Transmission

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01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 36.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/827,400	04/19/2004	Gary D. Reeder	UOPM-0188	3130

TITLE OF INVENTION: MEMBRANE APPARATUS WITH ENHANCED MASS TRANSFER, HEAT TRANSFER AND PUMPING CAPABILITIES VIA ACTIVE MIXING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/01/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BIANCO, PATRICIA	3761	604-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Woodcock Washburn LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Pittsburgh

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pittsburgh Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 12

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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by check to receive fee(s), or credit any overpayment, to Deposit Account Number 23-3050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael J. Bonella

Date August 29, 2006

Typed or printed name Michael J. Bonella

Registration No. 41,628

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